EACH PIC
COALITION

March 16, 2026

Washington Prescription Drug Affordability Board
Washington Health Care Authority
PO Box 42716
Olympia, Washington 98504-2716

RE: Public Comments on 2026 Affordability Reviews

Dear Members and Staff of the Washington Prescription Drug Affordability Board:

The Ensuring Access through Collaborative Health (EACH) and Patient Inclusion Council (PIC) is a two-part coalition that unites patient organizations and allied groups (EACH), as well as patients and caregivers (PIC), to advocate for drug affordability policies that benefit patients.

We offer our national network of patient advocacy organizations as a resource as the board works to finalize and implement its processes. To that end, we respectfully urge the board to consider the concerns of patient organizations outlined in this letter.

Focus Reviews on Patient Burdens and Affordability

We urge the board to outline clear metrics and definitions for affordability for use in its drug cost reviews to ensure they are performed with consistency and a clear focus on patient benefit. A narrow focus on systemic or payer-level costs overlooks the most meaningful measure of affordability: whether individuals can obtain and adhere to the medications they need.

We also urge the board to prioritize patient costs as a key aspect and focus of any affordability measurement, specifically patient out-of-pocket (OOP) costs. Furthermore, we urge the board to focus on patient-reported obstacles to care and address the underlying factors that contribute to patient hardship in affording and accessing their needed medications.

Our recent Patient Experience Project: Patient-Reported Affordability & Unaffordability Survey 2.0 aimed at better understanding **why** patients report medications affordable or unaffordable. Patients described the role of insurance coverage rules, cost-sharing structures, cumulative healthcare expenses, income, financial assistance availability, and changes in life circumstances in shaping their ability to remain on treatment over time. These contextual factors frequently determined affordability far more than the price of the medication itself.

While we understand that the board is limited by its statute in the policies that it can explore, we urge the board to consider that patient-identified barriers to their care are often not directly tied to the list price of medications. Failure to acknowledge this reality can result in policies that do not effectively reduce costs for patients. Worse yet, misapplied policy interventions could actually worsen the barriers that patients identify as obstacles to their care such as insurance driven out-of-pocket cost shifting and utilization management, including non-medical switching.

Improving Patient Engagement and Data Collection

As the board solicits patient input on the drugs selected for 2026 review, we urge the board to reconsider its current patient survey, if the true intention is to determine patient-reported out-of-pocket cost drivers through meaningful data collection. As leaders in patient-facing prescription drug affordability data collection efforts, we are disappointed that the final survey reflects very few revisions despite substantial feedback from our organization on its design. Instead, the survey still relies on short, simplified questions that will not allow patients to provide meaningful context about their health needs or the real-world challenges they face in affording and accessing their medications.

Our coalition has worked to design and test patient questions that truly allow patients to share fully any barriers or obstacles they face when accessing their prescription drugs. The work has spanned 18 months and resulted in both a pilot study, the results of which shaped our feedback provided to the board last year, and released a final report in January 2026: the Patient Experience Project: Patient-Reported Affordability & Unaffordability Survey 2.0. Rather than relying primarily on yes/no or multiple-choice questions, the survey incorporated open-ended responses that allowed patients to explain their out-of-pocket costs, how those costs fit within their overall financial reality, and *why* they considered a medication affordable or unaffordable.

Our work on the Patient Experience Project was aimed, in part, to advise those conducting patient-facing data collection how to design questions that will produce substantive responses and accurate analysis. While straightforward to administer, the board's survey will capture only a limited snapshot of the patient experience and *will not* produce meaningful data to inform the board about prescription drug affordability challenges for Washingtonians.

If the board's intent is to put patient prescription drug affordability needs first, we strongly encourage the board to revise your current public surveys by referencing our new survey tool. Doing so would strengthen the quality of patient input collected during affordability reviews and better equip the board to fulfill its core purpose: identifying and resolving the real-world challenges patients report when trying to access the medications they rely on. Our coalition stands by your work to help patients afford their medications and will continue to offer our services to assist in making these important and necessary changes.

Limitations of Upper Payment Limits in Addressing Patient-Reported Obstacles

We continue to underscore the limitations of upper payment limits (UPLs) in addressing patient affordability. UPLs may change what insurers or the state pay for a medication, but they do not cap or guarantee reductions in patient out-of-pocket costs. As our coalition has cautioned before, these policies can introduce new incentives for insurers and pharmacy benefit managers (PBMs) that may ultimately restrict access to needed treatments through greater utilization management, formulary reshuffling, or adverse tiering. These shifts risk delaying or disrupting care, and as our 2.0 Patient Experience Project has demonstrated, insurance barriers, not price alone, are often the real drivers of patient hardship and perceived "unaffordability."

Furthermore, patients reported that treatments are not interchangeable and that accessing the correct medication is critically important for patients with chronic conditions. Therefore, while intended to reduce costs, implementing a UPL without complementary patient protections could worsen the very challenges patients already face.

We urge the board to establish clear safeguards before advancing any UPL frameworks and to continue exploring its policy alternatives, including reforms that directly address PBM and insurance practices that most influence patient costs.

Further, proposals to apply the “maximum fair price” (MFP) established by the Medicare Drug Price Negotiation Program (MDPNP) to state programs is concerning because those prices were negotiated specifically for the Medicare population and benefit design. Those rates reflect the structure and cost-sharing rules of Medicare, which are not the same as those that apply in state-regulated coverage. Applying those prices outside of Medicare assumes the markets function the same way, and they do not.

The establishment of UPLs at MFP rates does not guarantee any savings for patients. Patients could instead face higher copay or coinsurance rates to retain access to that drug or alternatively be forced to switch to a more expensive drug, which results in higher profits for their PBM. Recent research from the Pioneer Institute has shown that patient OOP costs have increased by an average of 32 percent under the MDPNP even before the maximum fair price caps for the first round of drugs went into effect on January 1st.

Simply importing Medicare pricing may create disruption without meaningfully improving what patients actually pay or experience.

Conclusion

Thank you for your continued commitment to improving drug affordability in Washington. We appreciate the opportunity to provide this feedback and look forward to continuing our engagement with the board.

Sincerely,

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